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23338 7590 04/11/2005

DENNISON, SCHULTZ, DOUGHERTY & MACDONALD  
1727 KING STREET  
SUITE 105  
ALEXANDRIA, VA 22314

06/28/2005 TBESHAW2 00000186 10656214

01 FC:1501 1400.00  
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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/656,214	09/08/2003	Masaki Ikeya	03155	9407

TITLE OF INVENTION: IMPELLER PUMPS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	07/11/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
KERSHTEYN, IGOR		3745	415-055100		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Dennison, Schultz,  
2 Dougherty & MacDonald  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

AISAN KOGYO KABUSHIKI KAISHA

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Obu-shi, Aichi-ken, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

Issue Fee  
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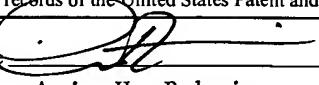
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A check in the amount of the fee(s) is enclosed.  
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Typed or printed name Amir H. Behnia

Date

6/27/05

50,215

Registration No.

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